WORKING TOGETHER:
A STRATEGY FOR SUICIDE PREVENTION
IN THE
NORTHWEST TERRITORIES

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PREFACE

Suicide and suicidal behaviour continues to be a major social issue of great concern to all residents of the Northwest Territories. It is a tragedy that demands immediate, decisive action. Such action, to be effective, must be a concerted effort on the part of caring and concerned individuals, communities and all levels of Government. It means working together and reaching out to one another.

The strategy presented in the next few pages is intended to help establish a framework in which individuals, communities and Governments can work together. The primary goals being to reduce the number of completed suicides, to reduce the number of attempted suicide and to reduce the impact of suicide and attempted suicide on individuals, families and communities.

This is a document that should not be viewed as being cast-in-stone. There remain many unanswered questions about the "causes" of suicide. We need to know more about why people commit or attempt suicide and about measures that can be taken to prevent it. We also need to know more about long term effective treatment for attempters. As we gain experience working together, it will be necessary to make changes and modifications to this strategy. This will be an ongoing process.

It should also be noted that, in the short term, the situation may appear to be getting worse. This will be due in part to more complete and accurate records being kept especially in terms of suicide attempts. Another reason will be because this is a long term strategy and it will be sometime before its effects are Manifested in a reduction of suicide and suicidal behaviour.

Nevertheless, by working together and reaching out to one another, it is possible to bring about positive changes especially in the long term. While seemingly an overwhelming situation, it is one that can be improved. This strategy is a beginning to help bring about that kind of social change. It is a bold step but one that must be taken for the sake of the children and their future.

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I INTRODUCTION

During the Winter 1989 Session of the Legislative Assembly, a discussion was held on the problem of suicide in the Northwest Territories. At that time, a number of recommendations were made essentially pointing to the need to establish a suicide prevention program and strategy for the Northwest Territories.

Input was sought from the community level through an N.W.T. Forum on Suicide Prevention held in Rankin Inlet, March 30 - April 2, 1990. At that time the delegates called for the development of a strategy that would meaningfully and effectively involve individuals at the community level, communities themselves, and Governments.Delegates from the "grass roots" recognized that they can make a difference and are determined to lead the way to reduce the incidence of suicide at the community level. They are seeking ongoing training and assistance in order to effectively accomplish this difficult task.

A vital element in this strategy then, is the promotion of individual and community involvement and responsibility. Caring individuals, families and communities working together and reaching out to one another when in need and in crisis is an underlying theme.

A primary role of the Department of Social Services, in concert with other Government and non-governmental agencies, will be one of facilitator and trainer. It will act as a source of information and a resource to those professionals and layworkers engaged in front line activities at the community and regional levels.

It is recognized however, that any strategy will be limited in its long term effectiveness without a concerted effort on the part of those concerned -- Government at all levels, non-governmental organizations, aboriginal organizations, community groups and individuals -- to deal with the underlying contributing factors of suicide and suicidal behaviour. While beyond the scope of this strategy, advances in education, recreation, housing, employment opportunities, economic development and so on must go hand-in-hand with the strategy to address the issue of suicide. In large measure, positive changes in these areas will go a long way in helping prevent suicidal behaviour by creating an environment where suicide ceases to be perceived as a viable coping method.

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II THE CONCEPT

A. RATIONALE

There are a number of basic and fundamental beliefs which are bound together and underpin this strategy. They point to the reason why it is necessary to develop a suicide prevention strategy and implement it. They are as follows:

- a belief in the value of human life and that every life is precious;

- a belief in life-enhancement through healthy living;

- a belief that the prevention of suicide and attempted suicide is a societal, community and individual responsibility; and,

- a belief that through collaboration with others (individuals, groups, agencies, Governments) suicide prevention efforts can be made effective.

Moreover, a belief in the sanctity of life is seen as fundamental to any strategy. However, not only is life sacred, it must be meaningful and fulfilling. Thus, an important companion goal will be to not only help reduce the rate of completed suicides and suicidal behaviour but to be concerned about increasing the quality of life. While this is, for the most part, beyond the scope of this strategy, it must be kept very much in mind in anything that is done to deal with suicide and suicidal behaviour.

B. GUIDING PRINCIPLES

A number of principles were identified to guide the development of the strategy. They are as follows:

1. Individual and Community Mental Health should be promoted;

2. Community involvement and responsibility in addressing suicide and suicide attempts should be fostered and encouraged;

3. Family, friendships, traditional cultural and social values and ethics should be reflected;

4. Community and regional support/care groups should play a major role;

5. Public information and education should be culturally relevant;

6. Training for professionals and lay care givers must be culturally relevant and take into account northern realities;

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7. Inter-agency cooperation and coordination, especially at the community level is vital for a successful suicide prevention program.

C. GOALS

The Government of the Northwest Territories takes the position that there are three primary goals and nine secondary goals for a Suicide Prevention Strategy.

PRIMARY GOALS:

1. to reduce the number of suicides;

2. to reduce the number of attempted suicides; and,

3. to reduce the impact of suicides and attempted suicides on individuals, families and communities.

SECONDARY GOALS:

1. to foster and encourage specific, ongoing research into all aspects of suicide, its causes, its pervasiveness and its prevention;

2. to increase the level of public awareness and understanding about suicide and suicidal tendencies;

3. to respond to the information, education and general training needs of communities and regions respecting suicide prevention;

4. to enhance the ability of communities to cope with suicide and suicidal tendencies;

5. to encourage greater community involvement in addressing the whole issue of suicide and its prevention;

6. to promote an increased level of community expertise and competence in the identification of, and intervention with those at high risk for suicide.

7. to promote an increased level of community expertise and competence in postvention activities such as grief counselling;

8. to enhance the ability of communities to be involved in follow-up activities and rehabilitation associated with suicide attempters; and,

9. to promote the development of inter-agency cooperation and coordination at the community, regional and territorial level.

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III THE STRATEGY

A. ESSENTIAL COMPONENTS

There are many factors that contribute to suicide and suicidal behaviour. It is very much a multi-dimentional phenomenon. More than one type of intervention is necessary since no one intervention can singly produce a "cure". Thus, a comprehensive, multi-dimensional approach to the problem has been adopted.

1. Structural Supports

The structural supports are key elements of this suicide prevention strategy. There are three of them: research; training; and, information. They are a priority in the development and implementation of the strategy. While overall coordination and development in these areas will be provided by headquarters and Regional Social Services staff, input and involvement by individuals, community groups and agencies, aboriginal organization will be essential if this vital aspect of the strategy is to be successful. Objectives for each of these three structural supports have been developed and are outlined below.

a) Research

Develop the research and data base to increase the level of knowledge and understanding about all aspects of suicide and suicidal behaviour.

This will involve coordinating, promoting and sponsoring research into the whole issue of suicide; overseeing the development of an N.W.T. resource library; and, the preparation and updating of a suicide prevention resource directory.

b) Training

In consultation with those involved at the grass roots level, establish uniform training programs that are culturally relevant to meet the needs of professionals, lay caregivers as well as parents, young people and other individuals, who are on the "front lines" in the communities and regions.

This will include the development of a made-in-the-N.W.T. training curriculum; the delivery of training programs through various groups and agencies and the establishment of priorities and criteria for access to training events.

Enable community and regional caregivers to meet and to discuss issues and share concerns, progress, set backs regarding prevention efforts in their respective communities.

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c) Information

Coordinate availability of information packages, seminars, workshops, for those who are involved: care givers, program deliverers, parents, students, and researchers.

2. Essential Services

Since this is a comprehensive multi-dimensional suicide prevention strategy, a number of essential services need to be developed and provided. Such essential services would include: prevention; mental health promotion; early identification and crisis intervention; treatment; and, postvention. While community involvement in the development of these essential services is important, community participation in their delivery is absolutely essential.

Important resource people in the community and regions are the Community Mental Health and the Alcohol and Drug Specialists. Together with Regional Social Services staff and in conjunction with community representatives these will be the key personnel in ensuring the successful development and implementation of this aspect of the strategy at the community level.

As with the structural supports, a number of objectives have been developed for each of these five essential services. They are as follows:

a) Prevention

Establishing a process to ensure that potentially high-risk groups for suicide remain symptom free.

This would include research to identify high-risk populations at the community level; training for individuals in communities to develop skills in identifying those at high-risk and how to intervene in crisis situations; and, follow-up with those identified as high risk and/or have undergone treatment.

b) Mental Health Promotion

Promote a state of well being where all persons have available to them the personal resources to realize their aspirations, control and even improve their mental health, satisfy their needs and cope with their environment.

This would include promoting the importance of learning and developing personal resources necessary to cope with the stresses in everyday living. Programs for developing such resources could be provided through media promotion of healthy lifestyles, school curriculum, and adult education courses. The development and promotion of community resources in family life as well as parent education courses would also be considered as part of achieving the above objective.

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c) Early Identification and Crisis Intervention

Training the whole community including the young people to be able to identify early potential suicides and to intervene effectively.

This would involve suicide awareness education and training programs directed towards caregivers, parents, teachers, and students at the community level. It would also involve the development and support of crisis services (crisis centre, crisis lines, mobile outreach, short term stay facility, crisis counselling) at the community level.

d) Treatment

Ensure that those who are displaying psychiatric disorders are properly diagnosed and treated as early as possible.

This would include information and training for community caregivers and other community based individuals involved in front-line suicide prevention activities so that they would know when to refer people to professionals for expert advice.

e) Postvention

Develop means to help survivors deal with the feelings of pain, guilt, remorse, shame, anger and shock in a healthy, constructive manner.

This would include training in bereavement counselling for community caregivers; assisting communities establish bereavement support groups; and, the promotion of inter-agency networks at the community level to support such activities.

Conduct psychological autopsies to determine the factors contributing to actual suicide.

This information is helpful in determining which populations may be at risk for suicide.

B. INTER-AGENCY COOPERATION AND COORDINATION

A noted Canadian Suicidologist, Dr. Ronald J. Dyck has said that "...the task of suicide prevention is of such magnitude that it requires a coordinated approach in utilizing a network of sensitive and committed lay and professional workers." Governments at all levels must also be involved as well as non-governmental agencies and aboriginal organizations. This kind of cooperation and coordination will require the establishment of inter-agency groups in communities, in the regions and at the territorial level.

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Moreover, the focus of such organizations will have to go beyond the single issue of suicide and address all aspects of community mental health. This is because people who have sound mental health are not likely to commit suicide or even display suicidal behaviour. Thus, the promotion of sound mental health by and through inter-agency organizations will constitute a major component of this strategy. The objectives established to promote this kind of cooperation and coordination are outlined below as follows:

1. **Develop and promote an inter-agency network to address all aspects of community mental health including suicide prevention.**

2. **Develop and oversee the implementation of two pilot projects to establish an inter-agency group in selected communities: one in the Eastern Arctic and one in the Western N.W.T. Experience gained through such pilot projects would be used to assist other communities develop inter-agency cooperation and coordination.**

3. **Provide support to recognized Community groups/organizations that are involved in suicide prevention at the community level.**

4. **Facilitate the development of interdepartmental and intergovernmental cooperation and coordination in the promotion of all aspects of mental health.**

5. **Promote the development of an N.W.T. Suicide Resource Centre that would function as a clearing house for those working in the field in the area of suicide prevention and community mental health.**

C. YOUTH AND SUICIDE PREVENTION

Statistics show very clearly that young people between the ages of 15 and 24, given certain factors operating in there lives, can be at high risk for suicide. Moreover, given the high completed suicide rate, the incidence of suicidal behaviour among the youth is likely to be much greater than the rest of Canada. The problem is of such magnitude, special attention is given in the strategy to this potentially high risk group.

The focus is on involving the youth directly in addressing the problem. Peer group and friendship clusters have a significant impact on individual youth attitude and behaviour. Involving them in preventative initiatives is seen as being a positive and effective way to make some progress in reducing the incidence of completed suicide and suicide attempts. In view of this, the primary objective will be as follows:

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Promote the direct involvement and participation of N.W.T. youth in developing and implementing programs to address suicide and suicidal behaviour among that potentially high risk group.

This might include the following:

- Foster and encourage community youth groups to take part in promoting health lifestyles through role modelling, cultural activities, language, art, music and drama.

- Provide appropriate training to enable young people to be actively involved in suicide prevention, early identification and crisis intervention with their peers and friendship cluster.

- Foster and encourage the development and production of appropriate media presentations that address the finality and destructiveness of suicide and promote more constructive and appropriate methods of copping behaviour. In such initiatives, the involvement of young people is highly desirable.

- Promote the development of education curriculum regarding suicide and suicidal behaviour for primary, junior high and senior high schools as well as through adult education courses.

IV THE WAY AHEAD

The way ahead involves two important steps--implementation and ongoing monitoring and evaluation. In both, the involvement of individuals and groups at the community and regional level is critical.

A. IMPLEMENTATION

The strategy that has been outlined is very broad and purposely general. This is because it is intended to be the "spring-board" from which communities and regions can begin to develop specific action plans tailored to local situations and local needs. It is not possible to devise such plans from afar. That must take place in the communities and come from the people who are dealing with the issue of suicide at the community level. It is an initiative that could be done under the auspices of local inter-agency groups. Working in concert with community and regional Social Services personnel, community inter-agency groups will be in a better position to determine community needs in terms of information, training and research as well as the kind of essential services that need to be given priority.

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The role of the Department of Social Services will be to provide assistance in these endeavours and to facilitate community involvement in the development of detailed regional and community action plans. A first step would be to draft an implementation strategy geared to the needs and aspirations of each community and region taking into account available resources in terms of personnel and funding.

B. MONITORING AND EVALUATION

Both these activities can and should occur at many levels and have the involvement of both those receiving a service and those providing it. Overall responsibility for ensuring monitoring and evaluation is carried out and recommendations stemming from them acted upon, would lie with the Department of Social Services. However, it is critical that individuals, inter-agency groups, aboriginal organizations, various governmental and non-governmental agencies be intimately involved in the process. The ongoing success of the strategy will, to a large extent, depend on this level of input.

C. FEEDBACK

As was stated at the outset, this is not a strategy cast-in-stone. Indeed, comments and recommendations on this document are welcomed and encouraged from any concerned individual, community group, aboriginal organization, governmental and non-governmental agency. If you are involved or want to become involved in suicide prevention activities please advise us of your thoughts and comments on this strategy. If you have had personal experience with suicide or suicidal behaviour and have something to say concerning this strategy paper, we would like to hear from you. You can provide your feedback through your Community Mental Health or Alcohol and Drug Specialist. If your community does not have one of these positions then you can contact the local Social Worker or write to the Superintendent, Department of Social Services, Government of the Northwest Territories in your region. In any event, you may contact the Co-ordinator, Suicide Prevention, Department of Social Services at the following address:

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